ORIGINAL

931120

# ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION Bn. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Hector
1a. What are your Christian names? James
1b. What is your present address? Fredericton N.B.
2. In what Town, Township or Parish, and in what Country were you born? St John N.B.
3. What is the name of your next-of kin? Ann. Hector
4. What is the address of your next-of-kin?
4a. What is the relationship of your next-of-kin? wife
5. What is the date of your birth? 1872 August 26th
6. What is your Trade or Calling? labourer
7. Are you married? yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? no.
10. Have you ever served in any Military Force? no.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes.

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Hector, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

James Hector (Signature of Recruit)

Date AUG 14 1916 191 . A Macharen Capt. (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Hector, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

James Hector (Signature of Recruit)

AUG 14 1916

Date 191 . A Macharen Capt (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Petitcodiac N.S. this 14th day of August 1916.

C. H. Reis Capt (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772 39-841.

## Description of James Hector on Enlistment.

Apparent Age 44 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 11½ ins.

Chest measurement:
- Girth when fully expanded ..... 40 ins.
- Range of expansion ..... 4 ins.

Complexion black

Eyes black

Hair black

Religious denominations:
- Church of England X
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Aug 12 1916 — D M Murray

Place Pictou NS — Lt-Col MC

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

James Hector having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

C H Reis Capt (Signature of Officer)

Date OCT 14 1916 191 .

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....1.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

Pay Card

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Hector James.

Regt. No. 931120 Rank pte.

Corps No. 2 Construction Bn.

"Misconduct."

18258

No. 931120 RANK Pte NAME Hector James

T. O. S. 3-8-16 UNIT No 2 Construction Battalion

D.O. 11. 14-8-16

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916 | | | |
| Aug 3 | Aug 31 | n. | | |
| Sep. | | n | | |
| Oct. | | n. | 16 8 hrs. det. 200 fine 23/10/16 | D.O. No 25-10-16 |
| Nov 1. | Nov 16 | n | Discharged for misconduct 16/11/16 | D.O. 79. 16-11-16 |

a/c closed by payment. C.

L. L. Job 4503.—M. & D. 6832.

3 8/16

MILITIA AND DEFENCE

349

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

make Env. B.L.

Name Ann. Hector

Address ~~32 Kelveden Road~~
67 Ruggles St. Waban
Roxbury Mass. U.S.A.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Hector James

Regtl. No. 931120

Rank Pte

Corps No 2 Con. Batt.

To what Corps belonging when called out }

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

ACCOUNT CLOSED
DATE ..... PER W

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. A. Hector Wife

L. L. Job 310.—Req. 6574.

PAYMENTS.

Name of Soldier Hector James Pte

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | T14808 | 18 | 18 |
| Sept. | | P16014 | 20 | 20 |
| Oct. | | I18223 | 20 | 20 O. 25854 [illegible] |
| Nov. | 16 | M.Q. O22963 | 20 | 20 67 Ruggles St. Roxbury Mass. USA. |
| Dec. | | ~~O25854~~ | ~~20~~ | 20 |
| Jan. | 1917 | | | Dis 16/11/16 pmk 18/11/16 WB |
| Feb. | | | | |
| March | | | | Return 9.00 overpaid requested |
| April | | | | |
| May | | | | 24 11/16 [illegible] |
| June | | | | |
| July | | | | |
| Aug. | | | | Credit slip issued 24/1/20 |
| Sept. | | | | [illegible] File 8306-J1 |
| Oct. | | | | |
| Nov. | | | | ACCOUNT CLOSED |
| Dec. | | | | DATE ..... PER W |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

## PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. | |
|---|---|---|---|---|---|
| Aug. | 1918 | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1919 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1920 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |

# MEDICAL HISTORY SHEET

*Surname* Hector *Christian Name* James

Examined { on 12th day of Aug 1916
at Pictou

Birthplace { City or Town St Johns
County N. B.

Apparent age 42

Trade or occupation Labourer

Height 6 feet — Inches

Weight 165 lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 4 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right ~~Left~~ Left
Number one

When Vaccinated last 10 years

(*a*) Marks indicating congential peculiarities or previous disease

none

(*b*) Slight defects but not sufficient to cause rejection

none

Approved by J Murray

Rank Lt R.A.M.C. M.O.

| Date | Fit or Unfit | Examined for Re-Engagement |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

*Enlisted on* ..... *day of* ..... *191* ..... *at* .....

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

MEDICAL HISTORY SHEET

Surname..... Christian Name.....

| STATION | Date of Arrival at the Station | Dates of Admission into Hospital | | | Dates of Discharge from Hospital | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 931120 Rank Private Name James Hector

Corps # 2 Construction Battalion CEF was* Discharged

On Nov. 16-1916 191..., to ...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-1916 191..., to 16-11-1916 191..., the inclusive date of transfer or discharge.

| Dr. | $ | c | Cr. | $ | c |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | 1 | 10 | Bal. Cr. from prev. month | 10 | 00 |
| Advances by Cheques } No. 2641 | 7 | 00 | Regt'l Pay 16 days at $ 1 c 00 | 16 | 00 |
| Advances by Cheques } No. | | | Field Allow. 16 days at $ c 10 | 1 | 60 |
| Assigned Pay No. | | | Other Allowances* | | |
| Other Charges* C. D. V. | 9 | 00 | | | |
| Other Charges* Canteen | 4 | 65 | | | |
| Payment on transfer or discharge No. 2935 | 5 | 85 | Other Credits* | | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | | |
| Total | 27 | 60 | Total | 27 | 60 |

*Give Particulars.

A monthly stoppage of $ ... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer.**

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment August 3-1916

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge and authority Misconduct 77-H-140 7-11-1916 Part 2 Daily Orders # 78 16-11-1916

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Nov. 16-1916

Place Truro N.S.

J B Grant Captain
P. M. No. 2 Construction Batt'n. C. E. F. *Paymaster*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

MILITIA & DEFENCE
CANADA.
RECEIVED
REGISTRY
NOV 30 1916
H.Q.

This space to be for numbers.

# Proceedings on Discharge.

**(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)**

No. 931120

Rank Private.

Name James Hector

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No.2 Construction Battalion C.E.F.

Date of Discharge November 15th.1916.

Place of Discharge Truro..N.S.

**1.** DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....45.....years.....months.

Height.....6..... feet.....2.....inches.

Complexion

Eyes Coloured

Hair

Trade

Intended place of residence (To be given as fully as practicable.) Frederick ton N.B

Descriptive Marks

**2.** The above-named man is discharged in consequence of

Misconduct

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

**3.** Conduct and character while in the service have been, according to the records, etc.

Bad.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

**4.** Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

Carded M.A.P. 22.11.16

5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

NIL.

NIL.

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Truro. N.S. C. H. Reis Capt for Lt-Col

(Date) Nov. 15th. 1916. *Commanding* No. 2 CONSTRUCTION, B'n. C.E.F. (a. o. d)

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Truro. N.S. James Hector (*Signature of Soldier.*)

(Date) Nov. 15th. 1916. a/s. M Y Edwards (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

James Hector (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Truo. N.S.

(*Signature*) C. H. Reis Capt for Lieut-Col. (a. o. d)

(Date) Nov. 15th. 1916.

## Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

James Hector

(OVER)

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263. |
| Squadron / Battery / Company Conduct Sheet, | " | B. 263a. |
| Copies of Convictions, by C. P. | | in MS. |
| Med. Hist. Sheet, | Militia Form | B. 313 |
| Medical Report for Invalid* | " | B. 227. |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " | D. 877. |

*Only if discharged "Medically unfit."

| | | |
|---|---|---|
| Attestation Paper, | Militia Form | B. 235. |
| Proceedings on Discharge | " | B. 218. |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet (in the event of such having been prepared.)

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

Remainder of documents @ M.D.6.